STAFF by SHIFT COUNT (short form) FACILITY NAME: _____

POSITION	DATE/SHIFT	<u> </u>				1	1		
MEDICATION STAFF (RN, LPN, MED AIDES, OTHER)	DAY EVENING NIGHT OTHER								
DIRECT CARE STAFF (aides)	DAY EVENING NIGHT OTHER								
ACTIVITIES DIRECTOR and/or ASSISTANT	DAY EVENING NIGHT								
FOOD SERVICE PERSONNEL	DAY EVENING NIGHT OTHER								
MAINTENANCE and/or HOUSEKEEPING STAFF	DAY EVENING NIGHT								
LAUNDRY STAFF	DAY EVENING NIGHT								